MISSOURI DEPARTMENT OF F FOOD PANTRY TAX (FORM MO-FPT (REV. 09-2009)				
NAME OF TAXPAYER SOCIAL SECUR			Y NUMBER, FEDERAL TAX ID NUMBER AND/OR MO STATE TAX ID NUMBER			
ADDRESS OF TAXPAYER		CITY		STATE	ZIP CODE	
FOOD PANTRY NAME AND ADDRESS	TAX TYPE: INDIVIDUAL OTHER			CORPORATION		
QUALIFICATIONS						
Beginning January 1, 2008, any taxpayer who donates cash or food to a food pantry may claim a tax credit against the tax imposed by Chapter 143, RSMo, except Sections 143.191 to 143.265, RSMo. The credit claimed shall equal 50% of the value of the contribution or donation made. Credits cannot exceed \$2,500 per taxpayer per year, cannot exceed the taxpayer's tax liability, cannot be sold or transferred, but may be carried forward for up to three years. All claims must be filed by April 15th of the fiscal year. If claims exceed \$2 million, all claims will be apportioned equally among those filing a valid claim. Claims will be held until after April 15th, to determine if the credits must be apportioned.						
Olainis will be neld drittl after April 19th, to determ						
INSTRUCTIONS						
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DATE OF CONTINUOUS	CONTRIBUTION AMOUNT	TAX OHEDH (0070)				
	1a.					
	ia.	1b.				
	2a.	2b.				
	3a.	3b.				
	4a.	4b.				
	5a.	5b.				
	6a.	6b.				
	7a.	7b.				
TOTAL Add Lines 1–7 and enter totals on Lines 8a and 8b. If you made more than 7 contributions, attach a separate sheet and include the total of all contributions on Lines 8a and 8b. Enter the amount from Line 8b on						
Form MO-TC.	8a.	8b.				
I CERTIFY THE ABOVE CONTRIBUTIONS WERE MADE TO THE FOOD PANTRY LISTED ABOVE AND I AM ELIGIBLE TO SIGN THIS DOCUMENT.						
SIGNATURE OF FOOD PANTRY STAFF MEMBER			DATE			
Under penalties of perjury, I also declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services, and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.						

DATE

SIGNATURE OF TAXPAYER